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OR						
Practitioner(s) named below (if more than ten pateril practitioners are to be named, then a customer number must be used):						
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as automay(s) or agentile, to represent the undersigned before the United States Patent and Tradamark Office (USPTO) in connection with any and all patent applications sessigned upit to the undersigned according to the USPTO assignment records or assignment documents statehed to this form as accordance with 37 CPTS 378(b).						
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Assignee Name and Address:						
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2655 Seely Avenue						
San Jose CA 95134						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTC/SB/96 or equivalent) is required to be						
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of						
the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.						
and must identify the application in which this Power of Attorney is to be filed.						
SIGNATURE of Assignee of Record  The individual whose signature and title is scopiled below is authorized to act on behalf of the assignee						
Signatine	What I hiller -			Date 5-149-047		
Name	/ Michael	/ Michael J. Williams		Telephone 408-943-1234		
Title	Vice President and Associate General Counsel					
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